

C·A·R·S

The Childhood Autism Rating Scale

Eric Schopler, Ph.D., Robert J. Reichler, M.D.,
and Barbara Rothen Renner, Ph.D.

Published by

wps

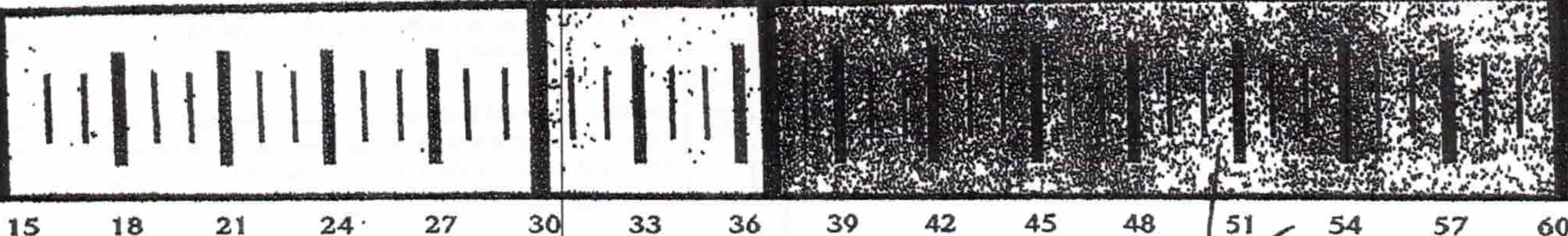
WESTERN PSYCHOLOGICAL SERVICES
Publishers and Distributors
12031 Wilshire Boulevard
Los Angeles, California 90025-1251

Name: Galli, Nicholas Sex: M
ID Number: 27868
Test Date: Year 2021 Month November Day 24th
Birth Date: Year 2017 Month May Day 13th
Chronological Age: Years 4 Months _____
Rater: Cril

Category Rating Scores

2.5	3	4	3.5	2.5	4	4	4	2.5	4	1	4	3.5	4	4	50.5	Total Score
I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	XIV	XV		

Total Score



Non-Autistic

Mildly-Moderately
Autistic

Severely
Autistic

50.5
11/24/2021

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CARS Rating Sheet

Directions: For each category, use the space provided below each scale for taking notes concerning the behaviors relevant to each scale. After you have finished observing the child, rate the behaviors relevant to each item of the scale. For each item, circle the number which corresponds

to the statement that best describes the child. You may indicate the child is between two descriptions by using ratings of 1.5, 2.5, or 3.5. Abbreviated rating criteria are presented for each scale. See chapter 2 of the Manual for detailed rating criteria.

I. RELATING TO PEOPLE

- 1** No evidence of difficulty or abnormality in relating to people • The child's behavior is appropriate for his or her age. Some shyness, fussiness, or annoyance at being told what to do may be observed, but not to an atypical degree.
- 1.5**
- 2** Mildly abnormal relationships • The child may avoid looking the adult in the eye, avoid the adult or become fussy if interaction is forced, be excessively shy, not be as responsive to the adult as is typical, or cling to parents somewhat more than most children of the same age.
- 2.5**
- 3** Moderately abnormal relationships • The child shows aloofness (seems unaware of adult) at times. Persistent and forceful attempts are necessary to get the child's attention at times. Minimal contact is initiated by the child.
- 3.5**
- 4** Severely abnormal relationships • The child is consistently aloof or unaware of what the adult is doing. He or she almost never responds or initiates contact with the adult. Only the most persistent attempts to get the child's attention have any effect.

Observations:

III. EMOTIONAL RESPONSE

- 1** Age-appropriate and situation-appropriate emotional responses • The child shows the appropriate type and degree of emotional response as indicated by a change in facial expression, posture, and manner.
- 1.5**
- 2** Mildly abnormal emotional responses • The child occasionally displays a somewhat inappropriate type or degree of emotional reactions. Reactions are sometimes unrelated to the objects or events surrounding them.
- 2.5**
- 3** Moderately abnormal emotional responses • The child shows definite signs of inappropriate type and/or degree of emotional response. Reactions may be quite inhibited or excessive and unrelated to the situation; may grimace, laugh, or become rigid even though no apparent emotion-producing objects or events are present.
- 3.5**
- 4** Severely abnormal emotional responses • Responses are seldom appropriate to the situation; once the child gets in a certain mood, it is very difficult to change the mood. Conversely, the child may show wildly different emotions when nothing has changed.

Observations:

II. IMITATION

- 1** Appropriate imitation • The child can imitate sounds, words, and movements which are appropriate for his or her skill level.
- 1.5**
- 2** Mildly abnormal imitation • The child imitates simple behaviors such as clapping or single verbal sounds most of the time; occasionally, imitates only after prodding or after a delay.
- 2.5**
- 3** Moderately abnormal imitation • The child imitates only part of the time and requires a great deal of persistence and help from the adult; frequently imitates only after a delay.
- 3.5**
- 4** Severely abnormal imitation • The child rarely or never imitates sounds, words, or movements even with prodding and assistance from the adult.

Observations:

IV. BODY USE

- 1** Age appropriate body use • The child moves with the same ease, agility, and coordination of a normal child of the same age.
- 1.5**
- 2** Mildly abnormal body use • Some minor peculiarities may be present, such as clumsiness, repetitive movements, poor coordination, or the rare appearance of more unusual movements.
- 2.5**
- 3** Moderately abnormal body use • Behaviors that are clearly strange or unusual for a child of this age may include strange finger movements, peculiar finger or body posturing, staring or picking at the body, self-directed aggression, rocking, spinning, finger-wiggling, or toe-walking.
- 3.5**
- 4** Severely abnormal body use • Intense or frequent movements of the type listed above are signs of severely abnormal body use. These behaviors may persist despite attempts to discourage them or involve the child in other activities.

Observations:

V. OBJECT USE

Appropriate use of, and interest in, toys and other objects • The child shows normal interest in toys and other objects appropriate for his or her skill level and uses these toys in an appropriate manner.

Mildly inappropriate interest in, or use of, toys and other objects • The child may show atypical interest in a toy or play with it in an inappropriately childish way (e.g., banging or sucking on the toy).

Moderately inappropriate interest in, or use of, toys and other objects • The child may show little interest in toys or other objects, or may be preoccupied with using an object or toy in some strange way. He or she may focus on some insignificant part of a toy, become fascinated with light reflecting off the object, repetitively move some part of the object, or play with one object exclusively.

Severely inappropriate interest in, or use of, toys or other objects • The child may engage in the same behaviors as above, with greater frequency and intensity. The child is difficult to distract when engaged in these inappropriate activities.

Observations:

VI. ADAPTATION TO CHANGE

Age appropriate response to change • While the child may notice or comment on changes in routine, he or she accepts these changes without undue distress.

Mildly abnormal adaptation to change • When an adult tries to change tasks the child may continue the same activity or use the same materials.

Moderately abnormal adaptation to change • The child actively resists changes in routine, tries to continue the old activity, and is difficult to distract. He or she may become angry and unhappy when an established routine is altered.

Severely abnormal adaptation to change • The child shows severe reactions to change. If a change is forced, he or she may become extremely angry or uncooperative and respond with tantrums.

Observations:

VII. VISUAL RESPONSE

Age appropriate visual response • The child's visual behavior is normal and appropriate for that age. Vision is used together with other senses as a way to explore a new object.

Mildly abnormal visual response • The child must be occasionally reminded to look at objects. The child may be more interested in looking at mirrors or lighting than peers, may occasionally stare off into space, or may also avoid looking people in the eye.

Moderately abnormal visual response • The child must be reminded frequently to look at what he or she is doing. He or she may stare into space, avoid looking people in the eye, look at objects from an unusual angle, or hold objects very close to the eyes.

Severely abnormal visual response • The child consistently avoids looking at people or certain objects and may show extreme forms of other visual peculiarities described above.

Observations:

VIII. LISTENING RESPONSE

1 Age appropriate listening response • The child's listening behavior is normal and appropriate for age. Listening is used together with other senses.

1.5 2 Mildly abnormal listening response • There may be some lack of response, or mild overreaction to certain sounds. Responses to sounds may be delayed, and sounds may need repetition to catch the child's attention. The child may be distracted by extraneous sounds.

2.5 3 Moderately abnormal listening response • The child's responses to sounds vary; often ignores a sound the first few times it is made; may be startled or cover ears when hearing some everyday sounds.

3.5 4 Severely abnormal listening response • The child overreacts and/or underreacts to sounds to an extremely marked degree, regardless of the type of sound.

Observations:

IX. TASTE, SMELL, AND TOUCH RESPONSE AND USE

1 Normal use of, and response to, taste, smell, and touch • The child explores new objects in an age appropriate manner, generally by feeling and looking. Taste or smell may be used when appropriate. When reacting to minor, everyday pain, the child expresses discomfort but does not overreact.

1.5 2 Mildly abnormal use of, and response to, taste, smell, and touch • The child may persist in putting objects in his or her mouth; may smell or taste inedible objects; may ignore or overreact to mild pain that a normal child would express as discomfort.

2.5 3 Moderately abnormal use of, and response to, taste, smell, and touch • The child may be moderately preoccupied with touching, smelling, or tasting objects or people. The child may either react too much or too little.

3.5 4 Severely abnormal use of, and response to, taste, smell, and touch • The child is preoccupied with smelling, tasting, or feeling objects more for the sensation than for normal exploration or use of the objects. The child may completely ignore pain or react very strongly to slight discomfort.

Observations:

Depending on the look determines if he will ~~react~~ respond to it.

X. FEAR OR NERVOUSNESS

1 Normal fear or nervousness • The child's behavior is appropriate both to the situation and to his or her age.

1.5 2 Mildly abnormal fear or nervousness • The child occasionally shows too much or too little fear or nervousness compared to the reaction of a normal child of the same age in a similar situation.

2.5 3 Moderately abnormal fear or nervousness • The child shows either quite a bit more or quite a bit less fear than is typical even for a younger child in a similar situation.

3.5 4 Severely abnormal fear or nervousness • Fears persist even after repeated experience with harmless events or objects. It is extremely difficult to calm or comfort the child. The child may, conversely, fail to show appropriate regard for hazards which other children of the same age avoid.

Observations:

XI. VERBAL COMMUNICATION

Normal verbal communication, age and situation appropriate.

1.5

2

Mildly abnormal verbal communication • Speech shows overall retardation. Most speech is meaningful; however, some echolalia or pronoun reversal may occur. Some peculiar words or jargon may be used occasionally.

2.5

3

Moderately abnormal verbal communication • Speech may be absent. When present, verbal communication may be a mixture of some meaningful speech and some peculiar speech such as jargon, echolalia, or pronoun reversal. Peculiarities in meaningful speech include excessive questioning or preoccupation with particular topics.

3.5

4

Severely abnormal verbal communication • Meaningful speech is not used. The child may make infantile squeals, weird or animal-like sounds, complex noises approximating speech, or may show persistent, bizarre use of some recognizable words or phrases.

Observations:

XII. NONVERBAL COMMUNICATION

Normal use of nonverbal communication, age and situation appropriate.

1

1.5

2

Mildly abnormal use of nonverbal communication • Immature use of nonverbal communication; may only point vaguely, or reach for what he or she wants, in situations where same-age child may point or gesture more specifically to indicate what he or she wants.

2.5

3

Moderately abnormal use of nonverbal communication • The child is generally unable to express needs or desires nonverbally, and cannot understand the nonverbal communication of others.

3.5

4

Severely abnormal use of nonverbal communication • The child only uses bizarre or peculiar gestures which have no apparent meaning, and shows no awareness of the meanings associated with the gestures or facial expressions of others.

Observations:

XIII. ACTIVITY LEVEL

1

Normal activity level for age and circumstances • The child is neither more active nor less active than a normal child of the same age in a similar situation.

1.5

2

Mildly abnormal activity level • The child may either be mildly restless or somewhat "lazy" and slow moving at times. The child's activity level interferes only slightly with his or her performance.

2.5

3

Moderately abnormal activity level • The child may be quite active and difficult to restrain. He or she may have boundless energy and may not go to sleep readily at night. Conversely, the child may be quite lethargic, and need a great deal of prodding to get him or her to move about.

3.5

4

Severely abnormal activity level • The child exhibits extremes of activity or inactivity and may even shift from one extreme to the other.

Observations:

XIV. LEVEL AND CONSISTENCY OF INTELLECTUAL RESPONSE

1

Intelligence is normal and reasonably consistent across various areas • The child is as intelligent as typical children of the same age and does not have any unusual intellectual skills or problems.

1.5

2

Mildly abnormal intellectual functioning • The child is not as smart as typical children of the same age; skills appear fairly evenly retarded across all areas.

2.5

3

Moderately abnormal intellectual functioning • In general, the child is not as smart as typical children of the same age; however, the child may function nearly normally in one or more intellectual areas.

3.5

4

Severely abnormal intellectual functioning • While the child generally is not as smart as the typical child of his age, he or she may function even better than the normal child of the same age in one or more areas.

Observations:

XV. GENERAL IMPRESSIONS

1

No autism • The child shows none of the symptoms characteristic of autism.

1.5

2

Mild autism • The child shows only a few symptoms or only a mild degree of autism.

2.5

3

Moderate autism • The child shows a number of symptoms or a moderate degree of autism.

3.5

4

Severe autism • The child shows many symptoms or an extreme degree of autism.

Observations:



Pediatric Associates
1-855-KIDZ-DOC
www.pediatricassociates.com

Date: 08/05/2022

RE: NICHOLAS GALLI

Date of birth: 05/13/2017

To Whom It May Concern:

This letter verifies that NICHOLAS GALLI is under our care. If he has seizure like activity please get him to a flat surface, turn him to his side, make sure he has nothing in his airway, make sure the area is clear and contact 911 immediately.

Please let us know if you have any questions or need any additional information.

Sincerely,

Damiano, Melissa

8/5/2022 11:19 AM (EDT)

Dr. Melissa Damiano, D.O.
10710 SR 54, Suite 108
Trinity, FL 34655

**WE'RE HERE
WHEN YOU NEED US**

LOVE & CARE, 365 DAYS A YEAR



Date: 06/01/2022

RE: NICHOLAS GALLI

Date of birth: 05/13/2017

To Whom It May Concern:

This letter verifies that NICHOLAS GALLI is under our care. He was referred to a Orthopedic in February of 2022 for a right lower leg/ankle injury after being seen at Trinity ER.

Please let us know if you have any questions or need any additional information.

Sincerely,

6/1/2022 2:59 PM (EDT)

Bordelon, Christopher PA-C

Christopher Bordelon, PA-C
10710 State Rd 54, Suite 108
Trinity, FL 34655



Patient: GALLI, NICHOLAS R
Account No: E00934833410
Unit No: E000800776
Location: TRINITY EMERGENCY DE...
Physician: Abukhalil, Thaer MD
Date: 02/22/22

Patient Visit Information

You were seen today for:

Right foot injury

Staff

Your caregivers today were:

Physician: Abukhalil, Thaer MD
Practitioner: Adams, Jesse M

Patient Instructions Reviewed

Foot Sprain

received 02/22/22 - 2101

Activity Restrictions or Additional Instructions

Try to remain nonweightbearing until seen by Orthopedics.

Follow-up

Please contact the following to make an appointment for follow-up care:

Beck, Scott W MD
625 6th Ave S Ste 450
St Petersburg, FL 33701
Phone: (727)898-2663 Fax: (727)568-6836
Follow-up Plan: call for appointment

Note:
This is a pediatric orthopedist out of All
Children's Hospital.

Generic MD, EDM
Follow-up Plan: call for appointment

Note:
Call pediatrician tomorrow to establish
follow-up care.

Raposo, Juan MD
10221 YALE AVENUE

5 AND 6 YEAR VISITS

Next Well Visit in 1 Year

PEDIATRIC
ASSOCIATES®

6-2-22

Date: _____ Name: NicholasWeight: 42.4 Height: 42" BMI: _____

✓ HOW YOUR FAMILY IS DOING

- Spend time with your child. Hug and praise him.
- Help your child do things for himself.
- Help your child deal with conflict.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as SNAP can also provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs. If you're worried about a family member's use, let us know, or reach out to local or online resources that can help.

✓ STAYING HEALTHY

- Help your child brush his teeth twice a day
 - After breakfast
 - Before bed
- Use a pea-sized amount of toothpaste with fluoride.
- Help your child floss his teeth once a day.
- Your child should visit the dentist at least twice a year.
- Help your child be a healthy eater by
 - Providing healthy foods, such as vegetables, fruits, lean protein, and whole grains
 - Eating together as a family
 - Being a role model in what you eat
- Buy fat-free milk and low-fat dairy foods. Encourage 2 to 3 servings each day.
- Limit candy, soft drinks, juice, and sugary foods.
- Make sure your child is active for 1 hour or more daily.
- Don't put a TV in your child's bedroom.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

✓ FAMILY RULES AND ROUTINES

- Family routines create a sense of safety and security for your child.
- Teach your child what is right and what is wrong.
- Give your child chores to do and expect them to be done.
- Use discipline to teach, not to punish.
- Help your child deal with anger. Be a role model.
- Teach your child to walk away when she is angry and do something else to calm down, such as playing or reading.

✓ READY FOR SCHOOL

- Talk to your child about school.
- Read books with your child about starting school.
- Take your child to see the school and meet the teacher.
- Help your child get ready to learn. Feed her a healthy breakfast and give her regular bedtimes so she gets at least 10 to 11 hours of sleep.
- Make sure your child goes to a safe place after school.
- If your child has disabilities or special health care needs, be active in the Individualized Education Program process.

✓ SAFETY

- Your child should always ride in the back seat (until at least 13 years of age) and use a forward-facing car safety seat or belt-positioning booster seat.
- Teach your child how to safely cross the street and ride the school bus. Children are not ready to cross the street alone until 10 years or older.
- Provide a properly fitting helmet and safety gear for riding scooters, biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- Make sure your child learns to swim. Never let your child swim alone.
- Use a hat, sun protection clothing, and sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Teach your child about how to be safe with other adults.
 - No adult should ask a child to keep secrets from parents.
 - No adult should ask to see a child's private parts.
 - No adult should ask a child for help with the adult's own private parts.
- Have working smoke and carbon monoxide alarms on every floor. Test them every month and change the batteries every year. Make a family escape plan in case of fire in your home.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately from the gun.
- Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.

WWW.PEDIATRICASSOCIATES.COM

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Helpful Resources: Family Media Use Plan: www.healthychildren.org/MediaUsePlan | Smoking Quit Line: 800-784-8669
 Information About Car Safety Seats: www.safercar.gov/parents | Toll Free Auto Safety Hotline: 888-327-4236

The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the Bright Futures Tool and Resource Kit, 2nd Edition. Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time. The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes. © 2019 American Academy of Pediatrics. All rights reserved.



**PEDIATRIC
ASSOCIATES®**

Pediatric Associates
1-855-KIDZ-DOC
www.pediatricassociates.com

Date: 07/23/2021

RE: NICHOLAS GALLI

Date of birth: 05/13/2017

To Whom It May Concern:

Please excuse NICHOLAS for being absent from school on 07/23/2021 due to medical issues.

Please let us know if you have any questions or need any additional information.

Sincerely,

Dayna Moore, M.D.

Dr. Dayna Moore
10710 State Road 54 Suite 108
Trinity, FL 34655

**WE'RE HERE
WHEN YOU NEED US**
LOVE & CARE, 365 DAYS A YEAR



Patient: GALLI,NICHOLAS R
Account No: E00934833410
Unit No: E000800776
Location: TRINITY EMERGENCY DE...
Physician: Abukhalil,Thaer MD
Date: 02/22/22

Return to School

Based upon examination, GALLI,NICHOLAS R may return to school 02/24/22.

Limitations are as follows:

Excuse from:

Additional Limitations:

Provider Signature: _____



STATE OF FLORIDA

School Entry Health Form

School Entry Health Exam
Page 2 of 2

Name of Child (Last, First, Middle)	Galli, Nicholas	Birth Date	5/13/17
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PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:

(Exam must be within one year of enrollment)

6 2 22
Month Day Year

Screening Results:

Height: 42 Weight: 42.4 BMI%: B/P: 108/65 Hct/Hgb: Lead: Urinalysis:

Vision - Without Glasses	Right 20/	Left 20/	Passed ☒	Failed ☐	Referred ☐	Hearing - Right	Passed ☒	Failed ☐	Referred ☐
Vision - With Glasses	Right 20/	Left 20/	Failed ☐	Referred ☐		Hearing - Left	Passed ☒	Failed ☐	Referred ☐

Gross dental (teeth and gums)	☐ Normal	☐ Abnormal	Refer/Tx:
Head/scalp/skin	☐ Normal	☐ Abnormal	Refer/Tx:
Eyes/Ears/Nose/Throat	☐ Normal	☐ Abnormal	Refer/Tx:
Chest/Lungs/Heart	☐ Normal	☐ Abnormal	Refer/Tx:
Abdomen	☐ Normal	☐ Abnormal	Refer/Tx:
Postural assessment	☐ Normal	☐ Abnormal	Refer/Tx:

TB risk assessment done ☐ (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Physical ☐ Social/Behavioral ☐ Cognitive

Specify: _____

☐ This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

☒ This child may participate fully in school activities including physical education.

☐ This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
☒ Christopher Bordelon, PA-C	6/2/22	Christopher Bordelon, PA-C 10710 State Rd 54, Suite 108 Trinity, FL 34655

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

GALLI	NICHOLAS	R	05/13/2017
Last Name	First Name	MI	DOB
GALLI, MELISSA	***-**-8740		9802986567
Parent or Guardian (Last, First)	Child's SS# (optional)	State Immunization ID#	

Directions:

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	07/20/2017	09/19/2017	01/08/2018	08/16/2018	06/01/2022
DT	B					
Tdap	P					
Td	Q					
Polio	D	07/20/2017	09/19/2017	08/16/2018	06/01/2022	Complete
HIB	E	07/20/2017	09/19/2017	01/08/2018	08/16/2018	
MMR (Combined)	F	08/16/2018	05/26/2021			
(Separate)	G,H					
		Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I					
		Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J	07/20/2017	03/07/2018	08/16/2018		
Varicella	K	05/14/2018	05/26/2021			
Varicella Disease	L					
		Year				
PneumoConju	N	07/20/2017	09/19/2017	01/08/2018	05/14/2018	

Certificate of Immunization for K-12

PART A DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)

I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name:

TRINITY

10710 SR 54

SUITE 108

TRINITY, FL 34655

(727) 376-4040

Physician or

Authorized Signature:

PINEIRO ALISHA

Electronic Certification:

LJX7S8D3MXX

Date: 06/02/2022

Issued By: ELIZABETH HINSON

DH 680 7/10



PEDIATRIC ASSOCIATES OF TAMPA BAY

Prescription/Referral for Specialty Services



**PEDIATRIC
ASSOCIATES®**
TAMPA BAY

Patient Name: NICHOLAS GALLI	Date: 01/14/2021
Account #: 2042629	Phone #: (727) 944-6080
Date of Birth: 05/13/2017	Referring Doctor: Egli, Graciela , MD
Primary Ins Plan: HUMANA FAMILY MEDICAID-VFC	Primary Plan ID #: H70723295
	Authorization# (if needed)
Secondary Ins Plan:	Secondary Plan ID #:

New Referral

Referral Type: Developmental – Behavioral Pediatrics

Primary Insurance: HUMANA FAMILY MEDICAID-VFC - PO BOX 14604

Specialty Physician:
Najmabadi, Shadae ,
13101 N. Bruce B. Downs Blvd.
TAMPA, FL 33612
(813) 974-8900 | (813) 396-9678

Group Name:
USF Child Development CMS, Tampa ,

Diagnosis:
Behavioral and Emotional Disorder, unspecified (F98.9)

For all referrals, in addition to any procedure codes listed above, Pediatric Associates authorizes two visits using the following procedure codes:

- Consultation (99243-99245)
- New Patient (99202-99205)
- Established Patient (99212-99215)

Clinician's Signature:

Electronically Signed By: Egli, Graciela , MD NPI: 1215908082

In an effort to provide the highest quality of care to our patients, the physicians at Pediatric Associates appreciate your timely communication regarding this patient. We are available to you for communication, transfer of information and sharing of responsibilities. Please fax the consultation report to (954) 965-7778 within one week of seeing this patient.